

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 26 PM 4: 02

DOCUMENT # **400015** (4)
1. Corporation Name
PRATER RADIATOR, INC.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business Mailing Address
**1032 W MICHIGAN ST
ORLANDO FL 32805-5447** **1032 W MICHIGAN ST
ORLANDO FL 32805-5447**

3. Date Incorporated or Qualified 3a. Date of Last Report
04/25/1972 **02/15/1994**

2. Principal Place of Business 2a. Mailing Address
21 26

4. FEI Number Applied For
59-1391404 Not Applicable

22 27
Suite, Apt. #, etc. Suite, Apt. #, etc.

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

23 28
City & State City & State

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

24 25 29 30
Zip Country Zip Country

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MIGNAULT, WILLIAM
1032 W MICHIGAN ST
ORLANDO FL 32805**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City 85 Zip Code
FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reconstituted)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **S**
NAME **THOMAS, JOHN**
STREET ADDRESS **401 E JACKSON ST STE 101**
CITY - ST - ZIP **ORLANDO, FL 00000**

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

TITLE **D**
NAME **NELSON, EDWARD**
STREET ADDRESS **2086 N POWERS DRIVE**
CITY - ST - ZIP **ORLANDO, FL 00000**

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

TITLE **PD**
NAME **MIGNAULT, WILLIAM**
STREET ADDRESS **407 DECLARATION DR**
CITY - ST - ZIP **ORLANDO, FL 00000**

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS **4431 Yachtmans Ct**
3.4 CITY - ST - ZIP **Orlando FL 32812**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Bill Mignault* **BILL MIGNAULT** 1-21-95 1/21/95 4:07/249-1444
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR This (Signature) (Type)